



PTO/SB/21 (08/03)

Approved for use through 07/31/2006. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Use of this form is mandatory; it supersedes all previous forms.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/965,983
	Filing Date	September 28, 2001
	First Named Inventor	Joseph G. RADZIK
	Art Unit.	3672
	Examiner Name	G. Collins
Total Number of Pages in This Submission	Attorney Docket No. 42366-4010.US	

**TRANSMITTAL
FORM**

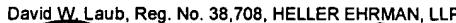
(to be used for all correspondence after initial filing)

ENCLOSURES (Check all that apply)

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts/
Incomplete Application
<input type="checkbox"/> Response to Missing Parts
under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s), please identify below:

CHANGE OF CORRESPONDENCE ADDRESS AND ATTORNEY DOCKET NO. |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	David W. Laub, Reg. No. 38,708, HELLER EHRLMAN, LLP
Signature	
Date	August 8, 2005

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name			
Signature		Date	

This collection of information is required by 37 C.F.R. 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 C.F.R. 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions by reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**COMBINED FEE TRANSMITTAL
for FY 2005**

AUG 08 2005

Effective 12/08/2004. Patent fees are subject to annual revision.

PTO/SB/17 (12-04) (Revised) (For payment of 37 CFR 1.17 fees including (f), (g), (h), & (i))

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,020.00)

Complete if Known

Application Number	09/965,983
Filing Date	September 28, 2001
First Named Inventor	Joseph G. RADZIK
Examiner Name	G. Collins
Art Unit	3672
Attorney Docket No.	42366-4010.US

METHOD OF PAYMENT (check one)

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None
<input type="checkbox"/> Deposit Account				

Deposit Account Number: 08-1641

Deposit Account Name: Heller Ehrman White & McAuliffe LLP

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below
- Credit any overpayments and charge any deficiencies
- Charge any additional fee(s) during the pendency of this application
- Charge fee(s) indicated below, except for the filing fee to the deposit account

FEE CALCULATION (continued)

4. PETITION FEES UNDER 37 CFR 1.17 (f) Fee Code: 1462 Fee \$ 400 For petitions filed under: § 1.53(e); § 1.57(a); § 1.182; § 1.183; § 1.378(e); § 1.741(b)	Fee Paid
5. PETITION FEES UNDER 37 CFR 1.17 (g) Fee Code: 1463 Fee \$ 200 For petitions filed under: § 1.12; § 1.14; § 1.47; § 1.59; § 1.103(a); § 1.136(b); § 1.295; § 1.296; § 1.377; § 1.550(c); § 1.956; § 5.12; § 5.15; § 5.25	Fee Paid
6. PETITION FEES UNDER 37 CFR 1.17 (h) Fee Code: 1464 Fee \$ 130 For petitions filed under: § 1.19(g); § 1.84; § 1.91; § 1.102(d); § 1.138(c); § 1.313; § 1.314	Fee Paid
7. PROCESSING FEES UNDER 37 CFR 1.17 (i) Fee Code: 1808 (1803 for § 1.221) Fee \$ 130 For petitions filed under: § 1.28(c)(3); § 1.41; § 1.48; § 1.52(d); § 1.53(b)(3); § 1.55; § 1.99(e); § 1.103(b); § 1.103(c); § 1.103(d); § 1.217; § 1.221; § 1.291(c)(5); § 1.497(d); § 3.81	Fee Paid

FEE CALCULATION

1.- BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES				
Application Type	Entity Fee (\$)	Small Entity Fee (\$)	Entity Fee (\$)	Small Entity Fee (\$)	Entity Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)		
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
SUBTOTAL (1)				\$ 0.00					

2. EXTRA CLAIM FEES

Entity Fee (\$)	Small Entity Fee (\$)	Fee Description						
50	25	Each claim in excess of 20 or, for Reissues, each claim in excess of 20 and more than in the original patent						
200	100	Each Independent claim in excess of 3 or, for Reissues, each independent claim more than in the original patent						
360	180	Multiple dependent claim, if not already paid						
Extra Claims		Fee from above		Fee Paid				
Total Claims	23	-24** =	0	x	=	0.00		
Independent Claims	4	-4** =	0	x	=	0.00		
**or number previously paid, if greater; For Reissues see below								
Multiple Dependent				=	\$ 0.00			
SUBTOTAL (2)				\$ 0.00				

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof (round up to the a whole number). See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)

Total Sheets	Extra Sheets	Number of each additional 50	Fee (\$)	Small Entity Fee (\$)
	-100 =	/50 =	x 250	OR x 125

SUBTOTAL (3) \$ 0.00

SUBTOTAL (4+5+6+7+8) \$ \$ 1,020.00

* Reduced by Basic Filing Fee Paid

SUBMITTED BY					Complete (if applicable)	
Name (Print/Type)	David W. Laub	Registration No. (Attorney/Agent)	38,708	Telephone	202-912-2000	
Signature		Date	August 8, 2005	Customer No.	26633	